

By Express Mail #EL988192608US

Attorney Docket No.: **5434-4**

Check box if applicable: ☐ **DUPLICATE**

UTILITY PATENT APPLICATION TRANSMITTAL

Submit an original and a duplicate for fee processing
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dated: November 3, 2008

Mail Stop **Patent Application**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Jamie CRAWFORD, Frank FRANCAVILLA, Roger GROSKOPF

For: Safety Shield System For A Syringe

Enclosed are:

- Transmittal letter **(2x)** with Fee Computation Sheet
- General Authorization For Payment of Fees **(2x)**
- Title Page, Specification, Claims 1 to 28 & Abstract (26 pages [total number of pages of application])
- Executed Declaration and Power of Attorney (3 p.)
- 8 sheet(s) of drawing(s) (Figs. 1 to 14)
- Check for **\$ 914** for filing fee
- Assignment of the invention to **Becton, Dickinson and Company**
- Recordation Cover Sheet (PTO-1595)
- Check for **\$40.00** for Assignment Recording Fee
- Return Receipt Postcard

This application is to be assigned to: **Becton, Dickinson and Company**

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$. A duplicate copy of this sheet is enclosed.

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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Priority is claimed for this invention and application, corresponding applications having been filed in on , No. , on , No. , on , No. , on , No. , on , No. , on , No. , respectively.

Respectfully submitted,
COHEN, PONTANI, LIEBERMAN & PAVANE

By: _____

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16569 U.S. PTO

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FILING FEE COMPUTATION SHEET

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In re Application of: Jamie CRAWFORD et al.
For: Safety Shield System For A Syringe

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$378	\$770
TOTAL CLAIMS	<u>28</u> - 20 =	<u>8</u>	x 9 = \$	x 18 = \$144
INDEPENDENT CLAIMS	<u>3</u> - 3 =	<u>0</u>	x 43 = \$	x 86 = \$
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$145 = \$	+290 \$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$	\$914